National Institute for Health and Clinical Excellence

243/2 – Open femoro-acetabular surgery for hip impingement syndrome

Consultation Comments table

IPAC date: Friday 13 May 2011

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	1	"short" and "medium" term are used too loosely in NICE documents (and in the orthopaedic literature) It is important to be specific about what is meant.	Thank you for your comment. The Committee considered this comment and decided not to change the guidance.
2	Consultee 2 Specialist adviser	1	THere should be a NAtional Registry for these cases and for sthroscopic FAI surgery	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect development of a national registry.
3	Consultee 3 British Hip Society	1.1	1.1 The evidence cited in the document consists of six case series and a nonrandomised controlled study. The reviewers note that “study quality is generally poor, with little prospective data collection in case series.” The follow-up was up to 38 months which is considered short term in orthopaedic terms.	Thank you for your comment. The Committee considered this comment and decided not to change the guidance.
4	Consultee 3 British Hip Society	1.2	1.2 There is no definition of what “well trained and highly experienced ” means although surgeons are unlikely to undertake this type of open surgery without training or visiting specialist centres.	Thank you for your comment. NICE expects specialists to determine training requirements.

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5	Consultee 3 British Hip Society	1.3	1.3 I suggest that all cases should be entered on to a national database so that the long term outcome of this procedure can be established by linkage with NJR, HES data and the acquisition of PROMS data. With this information it should be possible to define the characteristics of patients who should benefit from this intervention and the details of the most appropriate surgical intervention.	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect development of a national registry.
6	Consultee 3 British Hip Society	1.3	At the Annual General Meeting of the British Society in March 2011 the following motion received unanimous support from Members: "The British Hip Society believes that details of all surgery for femoro-acetabular impingement must be collected prospectively onto a single database linkable with NJR data."	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect development of a national registry.
7	Consultee 1 NHS Professional	2.1	As with most new diagnoses, there is a risk that patients are over-investigated down a route to treatment when the long-term outcomes are not known. The costs of investigation and treatment are considerable yet have not been properly balanced against long-term efficacy (more than 10 years)	Thank you for your comment. The Committee makes recommendations on conditions for the safe use of a procedure including training standards, consent, audit and clinical governance. The placement of a procedure in the pathway of care for a disease or condition and its cost-effectiveness are outside the remit of the Interventional Procedures Programme..
8	Consultee 2 Specialist adviser	2.1	THe option of arthroscopic treatment should be included	Thank you for your comment. Section 2.1.3 of the guidance will be changed.
17	Consultee 4 NHS Professional	2.1.2	Your description of symptoms of a bit of clicking and pain does not begin to describe the impact this condition has on everyday living and on future career options for young people, and the absolute necessity to access the best possible care as soon as possible. Advice should also be issued to schools, PE teachers, coaches, physios etc. What is currently being described as a "stiff hip", with the advice to see a physio, could result in untold damage to the cartilage and long term consequences.	Thank you for your comment. Section 2.1.2 of the guidance will not be changed. Provision of advice to schools etc is outside NICE's remit in relation to Interventional Procedures Guidance.

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9	Consultee 1 NHS Professional	2.3	This section demonstrates the weakness of most surgical advice - it is a series of cohort studies done by enthusiasts. Unless randomised, controlled and blinded (patient and reviewer) trials are done, the stories, of how clever individual surgeons are, need to treated with caution. Those who do this work have a vested interest in producing positive outcomes. Randomised, controlled, blinded trials can be done in surgery.	Thank you for your comment. The efficacy outcomes reported are those which are described in the available evidence, and which meet the selection criteria set out in the Interventional Procedures Programme Methods Guide. Although randomised evidence may be desirable, other appropriate forms of evidence are used. The Committee making the recommendations consists of scientists, academics and clinicians with expertise in assessing the evidence typical of surgical interventions
10	Consultee 2 Specialist adviser	2.3	return to high activity level is also important as some patients are able to do that in spite of some residual pain because function improves	Thank you for your comment. Postoperative activity scores are included in section 2.3.4 of the guidance. The overview provides more details about individual studies.
11	Consultee 2 Specialist adviser	2.4	fracture is not theoretical, it occurs	Thank you for your comment. Section 2.3.6 of the guidance will be changed.
12	Consultee 3 British Hip Society	2.3 and 2.4	The great value in this NICE document would be if it requires surgeons to enter a minimum dataset on to a national database. The British Hip Society has compiled such a minimum dataset and hopes to confirm the creation of this database by the beginning of May 2011. This intervention holds promise for the treatment of impingement but the long term outcome of surgery is not yet known.	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect development of a national registry.
13	Consultee 3 British Hip Society	General	I am concerned that these provisional NICE recommendations will allow surgeons to undertake this procedure on any patient irrespective of age, pathology or evidence of existing osteoarthritis of the hip. If an arthritic hip is found at surgical exploration patients may receive a hip arthroplasty which often would not have been indicated by conventional criteria. The definition of hip impingement is simplistic.	Thank you for your comment. The indication for the procedure is defined in the title and section 2.1.1 of the guidance.

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14	Consultee 4 NHS Professional	General	Commissioners should immediately ensure they commission only from centres of excellence with significant experience in assessing young patients for this procedure, that each surgeon has carried out a minimum number of arthroscopic hip ops for FAI annually and can demonstrate concrete evidence of detailed auditing and outcome monitoring. Commissioners should ensure patient choice is available. It is quite clear that some hospitals are not geared up to providing this service yet. Patients, through their own efforts, and with no help from GPs or commissioners who often lack the necessary knowledge, are tracking down suitable out of area services but are then being denied access.	Thank you for your comment. It is not within the remit of the Interventional Procedures Programme to define local arrangements for provision.

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15	Consultee 4 NHS Professional	General	Receiving trusts have been told by their PCT to refuse on grounds that patients are out of area or they are running a 3y service. Local hospitals are refusing to refer out of area because they allege they have the necessary expertise in house, yet FOI requests show 3 ops in 4 years (surgeon A-1op/ B-2ops), without auditing and outcome monitoring, in complete contradiction of NICE IPG which requires it for all patients. Patients are left in a black hole, with the option of either accepting the local NHS service which does not comply with NICE, or paying privately. Andrew Lansley, DoH, SHAs should immediately issue clear guidance that patients who have been forced to go down the private route, despite their best efforts to secure NHS care of an adequate standard, should have their bills paid by the NHS until this shambles is sorted out. There are clear parallels with the BRI inquiry, with surgeons, GPs & Commissioners failing to clarify if a specialist service is up to scratch and the NHS failing to advise patients of the risks and benefits of using service X versus service Y.	Thank you for your comment. It is not within the remit of the Interventional Procedures Programme to define local arrangements for provision.

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16	Consultee 4 NHS Professional	General	If services have been collecting detailed audit & outcome data for the past 4 years, why aren't they publishing it on their websites and providing it to patients and commissioners? There is no choice without the necessary information to make an informed choice. Why didn't NICE insist on centralised monitoring in 2007 via the hip registry? We should have 4 years of data to refer to. Instead we are just starting to set up a registry. All the data from the past 4 years should be immediately collated and results reviewed. SNAP auditing software is suggested. Patients and Carers should sit on the Registry panel and review data and its availability to patients. Only once services have undergone an accreditation type review, and can demonstrate the required training for patient assessment, FAI arthroscopic surgery, assessments,auditing & outcome monitoring should they be allowed to offer the service and be commissioned to do so. The skills for arthroscopic hip surgery are greater than for arthroscopy alone.	Thank you for your comment. Section 1.2 of the guidance will be changed to reflect development of a national registry.